

optometrist may prescribe a topical agent, a drug, for the eye, but in all candor what we do with this piece of legislation is we countenance a substantial lowering of standards for people who are going to care for probably the most important part of the human body, that is the eye, and it is just plain wrong to do that. Now we have heard time and again that one reason why we should allow optometrist or give them the right to diagnose eye disease and to treat eye disease and to apply topical agents if the eye disease happens to be an inflammation of the eye is because there are a heck of a lot more optometrists in Nebraska than there are medical doctors, that is than there are ophthalmologists, and because of the geographic distribution of ophthalmologists and optometrists, it is important that optometrists have the authority to do the very things that LB 561 gives them to do. Well, I appreciate the arguments regarding geographic distributions. When I was a little boy in Columbus, Nebraska, I had to drive twice a year with my mother and father to Omaha to go to the eye doctor. That was always a full day excursion to go to the eye doctor. You had the drops put in the eyes, couldn't see for three or four hours afterwards because the eyeballs or the pupils were still dilated and the like, but my parents made that trip because there was no eye doctor in Columbus, none, zero. To the best of my knowledge there is still not a medical doctor who treats eyes in Columbus, although I could be wrong, but there are optometrists in Columbus. But the important thing about it was that my parents made certain that I always had the care of the best professionals that they could find and that professional looked at crossed eyes and looked at floating eyes and provided lenses and the like. Now I wouldn't want anything less for my children or the children of my constituents or your constituents. Sometimes we do have to travel a little to get the right kind of professional care. Now I just don't agree with the geographic distribution argument. I do agree with the training argument. You just don't simply take a human eye and put it in the hands of somebody who has not had that same degree of training as a medical doctor has. Now it is too easy to call this a turf fight because a turf fight kind of...kind of makes this seem like a small issue, but it is not a small issue. It is a big time issue. It is not